



County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR 1955

BY

ROBERT MITCHELL

B.Sc., M.B., Ch.B., D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER





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Staff of the School Health Service

Principal School Medical Officer :

ROBERT MITCHELL, B.Sc., M.B., Ch.B., D.P.H.

School Medical Officers :

G. M. CURTOIS, M.R.C.S., L.R.C.P., D.P.H.

WINIFRED M. HISCOCK, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
(Resigned 6th July, 1955)

MICHAEL GIBBS, B.A., M.R.C.S., L.R.C.P., D.P.H.
(Commenced 18th July, 1955)

Principal Dental Officer :

P. DUFFIELD, L.D.S., B.D.S.
(Part Time)

School Dental Officer :

J. C. BROWN, L.D.S.
(Resigned 28th May, 1955)

Speech Therapist :

MISS SYLVIA H. NORTH, L.C.S.T.
(Part Time)

Educational Psychologist :

MRS. A. E. HENRY, Dip. Psych.

School Nurses :

MISS M. MOORE, S.R.N., S.C.M.

MRS. J. FREEMAN, S.R.N., C.M.B. Part I
(Commenced 3rd October, 1955)

Dental Attendants :

MRS. N. E. WOOLLEY

MISS P. THOMPSON
(Part Time)

Clerks :

MRS. M. F. PERRY

MISS K. E. SCOTNEY

Annual Report of the Principal School Medical Officer For the Year 1955

To the Chairman and Members of the Education Committee,

I have the honour to present my Annual Report for the year 1955.

We were fortunate in having our full compliment of medical staff throughout the year. The position as regards dental staff is far from satisfactory. The Assistant Dental Officer resigned on the 28th May, 1955, and despite all attempts, it has not been possible to fill the vacancy. Mr. Peter Duffield, Principal Dental Officer, has carried on valiantly to deal with as many cases as possible, but it is physically impossible for him to do all the work single handed.

The general condition of the children in the schools continues to be excellent. Of the children examined in 1955, 22.2% were found to be above average, 74.6% were average, and only 3.2% were below average.

The only outbreak of infectious disease during the year was measles, of a mild form. 760 cases were notified. No cases of serious infectious disease in school children occurred during the year.

One serious matter which came to light was a Reception Class Assistant at an Infants' School, who was found to be suffering from open pulmonary tuberculosis. As soon as the matter was discovered, she was taken off work and 84 children out of the 86 children in the Reception Classes, where the person had worked, whose parents gave consent, were examined by Dr. M. B. Paul, Chest Physician. Jelly tests were carried out on the 84 children, of whom 25 were found to be positive. These 25 children were then given an intradermal tuberculin test, and of these 25 children, 6 were found to be positive to a 1 in 1,000 dilution of tuberculin. These 6 children were then X-rayed to ascertain if they had any evidence of a lung lesion, and all were found to be free from infection. The children have been kept under careful observation, and I am glad to report that no harm has been detected so far, owing to their having been in contact with a case of open pulmonary tuberculosis.

The Education Committee have agreed that an X-ray examination of the chest be compulsory for all newly-employed school staff, but legislation is required to ensure that all persons employed in any capacity in a school are required to submit to an annual X-ray examination of the chest. Only in this way would it be possible to afford reasonable protection against the possibility of children acquiring tuberculosis from the staff.

A small number of children were found to be infested with head lice. This is usually acquired from older members of the family, especially teenage girls, who wash their hair at infrequent intervals so as not to disturb their "permanent" wave.

There is a need for more Speech Therapy. At present the Speech Therapist is available only on one and a half days per week, the rest of her time being spent working at Derby Royal Infirmary and for another education authority. It is hoped to increase the number of sessions during the financial year commencing 1st April, 1956. A tape recorder for the use of the Speech Therapist will be provided during the same financial year.

The ascertainment of minor degrees of deafness is important. Serious consideration should be given to the provision of a pure tone audiometer. At present pupils requiring audiometric tests have to attend at Derby Royal Infirmary, and there is a considerable waiting time before an audiogram can be obtained.

I consider that the employment of a physiotherapist in the school medical service should not be unduly delayed. 300 children were found to have minor postural and orthopaedic defects. Only 25 of these were considered serious enough for reference to the Orthopaedic Surgeon with the approbation of the child's own doctor. The remaining 275 children would have benefited from physiotherapy administered by a fully-qualified medical physiotherapist acting under the supervision of the School Medical Officer. The Corporation ran a physiotherapy clinic before the war, but this lapsed, and was not reinstated owing to the inception of the National Health Service in 1946. The Corporation possesses a well-equipped physiotherapy room at the Infant Welfare Centre, Cross Street, which at present is not used, but which could easily be reconditioned for use. The main difficulty is recruiting a physiotherapist with adequate experience, and interested in work with

children. The marriage rate among physiotherapists is up to 90% many of whom are thus lost to the profession. However, we have the premises suitably fitted up, and if we can get the staff, we could do a great deal to help children to acquire good posture, and to alleviate flat feet, knock knees, and other unsightly deformities.

I wish to record my gratitude to the Children's Care Committee, whose secretary, Miss P. M. Evershed, arranged for 25 children to have periods of one to four months stay at convalescent homes, and to the Trustees of the Burton upon Trent Consolidated Charities, who provided maintenance of these children at the convalescent homes amounting in all to 212 weeks.

I wish to express my thanks to the Committee for their support during the year, to the Director of Education and his staff, to the Heads of the Schools for their valuable assistance, to the general practitioners, to the staff of the Burton upon Trent General Hospital for their co-operation, and to Dr. G. M. Curtois, who has been largely responsible for the preparation of this report.

I am,

Your obedient Servant,

ROBERT MITCHELL,

Principal School Medical Officer.

1. Staff Changes. The following changes occurred in the staff during 1955.

Dr. Winifred M. Hiscock resigned from the appointment of School Medical Officer on July 6th to take a similar appointment elsewhere.

Dr. M. Gibbs was appointed School Medical Officer on July 18th in the vacancy made by Dr. Hiscock's resignation.

Mr. J. C. Brown resigned from the Dental Staff in order to set up in private practice. It was not found possible to replace Mr. Brown for the remainder of the year.

Mrs. J. Freeman was appointed School Nurse in October, filling the vacancy created when Miss Wrightson left in January, 1954.

2. Medical Inspection. The system of medical inspection previously established was continued. Pupils are examined three times during their school life, that is, between the ages of 5-6, 10-11, and 14-15.

Detailed figures relating to school inspections are given at the end of this report.

Children in their eighth and twelfth years are also inspected by the School Nurse and any defects of importance, such as myopia or malnutrition, are reported to the School Medical Officers who examine the children concerned either in school or at the School Clinic, and take any action considered necessary. Children with defects are re-inspected at school at intervals varying according to the type of defect.

The attendance of parents at the examinations of the older age groups continues to be poor, but it is extremely good at the initial examinations at infant schools. The interest and co-operation of parents is desirable at all the routine medical examinations of a child at school in order that the child may obtain the maximum benefit of any advice which the doctor may give.

There is a lack of suitable accommodation for medical inspections in most schools. Through the excellent co-operation of Head Teachers, however, the work has progressed satisfactorily.

The School Clinic has continued to function as in previous years, and attendances have been satisfactory. Any child may be referred to the School Clinic for medical examination when this is considered necessary by the Head Teacher, School Nurse, parent or the child's own doctor.

3. Findings of the Medical Inspection and Treatment of Defects.

(a) **General Condition.** On examination the children are divided into three categories: "A—Good", "B—Fair" and "C—Poor", according to their physique, height-weight ratio and present state of health.

The general condition of entrants during 1955 is shown below:

Entrants	A—good	B—fair	C—poor
1955	22.2	74.6	3.2

In this classification the category "B—fair" means the average healthy child.

On the whole, the standard of nutrition is high, and the general condition of the children can be regarded as satisfactory.

The small percentage in category "C" are kept under strict observation, and everything possible has been done to assist these cases, e.g. Convalescent Home, Ultra Violet Light Therapy, and medical or surgical care when and where necessary.

(b) **Nose and Throat Defects.** Medical Inspection revealed 177 defects of the nose and throat, the great majority being as previously, enlargement of tonsils and adenoids.

Cases where operative treatment is considered necessary are, with the co-operation and assent of the general practitioners, referred to Mr. R. L. Flett, F.R.C.S., E.N.T. Surgeon at the General Infirmary, who has been most helpful in dealing with cases regarded by the School Medical Service as being in need of urgent treatment.

It is satisfactory to be able to report that most of the children with unhealthy tonsils and adenoids derive benefit from having them removed.

(c) **Ear Defects.** There has been a decrease in the number of cases of ear defects found amongst school children during the year.

Most of the children were treated at the School Clinic.

The table below shows the number of examinations and treatments carried out during the year :—

Number of ear examinations (excluding those at the Medical Inspection)	131
--	----	----	----	----	-----

1. Minor conditions :—

Wax impaction	..	..	..	..	8
Otitis Externa	..	..	..	..	3
Earache	..	..	..	..	6
					—
					17
					==

2. Otitis Media. Result of Treatment :—

Ears dry	..	..	..	..	4
Improved	..	..	..	..	2
To Infirmary	..	..	..	..	1
					—
					7
					—

Deafness. During 1955, ten children from Burton upon Trent were in residential institutions. Eight in The Royal Institute for the Deaf at Derby, and two in Needwood Residential Special School for Partially Deaf Children.

(d) **Defects of Vision.** The special Eye Clinic provided at the Burton General Infirmary for school children continued to function well.

(a) The number of cases referred to the Ophthalmologist during 1955 was 224.

(b) The number of cases to whom prescriptions for spectacles were given was 109.

As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic held at the Burton General Infirmary for school children, or to attend an optician of his or her own choice.

(e) **Orthopaedic Defects.** Children suffering from orthopaedic abnormalities requiring active treatment, are referred to the Burton General Infirmary, with the assent of the child's own doctor.

Advice is given at the School Clinic for minor defects.

As previously, poor posture, flat feet, and knock knees are the commonest orthopaedic defects found in school children.

300 children were found with orthopaedic defects at the school routine examinations. 25 cases were referred for treatment, but in no case was treatment in hospital considered necessary.

Below is an analysis of cases referred to the Infirmary during 1955.

<i>Type of Defect</i>	<i>No.</i>
General Posture	1
Flat feet and knock knees	9
Others	15

(f) **Diseases of the Skin.** No cases of scabies were found during the year. This condition has progressively decreased since the end of the war, and it is very unusual now to find a child suffering from it.

The number of cases seen previously is as follows :—

1954—0. 1953—0. 1952—3. 1951—6. 1950—19. 1949—20.
1948—23.

Other skin conditions, including impetigo, totalled 95, compared with 196 in 1954.

(g) **Speech Defects.** Miss S. H. North, a qualified Part-Time Speech Therapist, continued to give speech therapy on Mondays and Fridays. She reports as follows :—

1955 has again been a year of continued progress in the Speech Therapy Department, and as I have stated in previous annual reports, it is becoming increasingly obvious that there is far too much work in the department to be dealt with in three clinical sessions each week. The waiting list grows larger year by year and could be even bigger if all the speech defective children seen at medical inspections were added to the list. There are still the unfortunate instances when children nearing school leaving age, are referred for treatment having been

overlooked through the majority of their school years, but fortunately, most of those seen have sufficient time left before leaving school to receive some benefit from the treatment that is offered immediately they are referred. The majority of cases referred are between the ages of 5-7 years, and the usual practice is to interview each child and its parent as it is referred and to ascertain the degree of severity of the speech defect and then decide whether the case should have priority on the waiting list. It is heartening to see that interest is still maintained in the pre-school speech defective child and several cases have been seen and the parents have been advised at monthly or two-monthly visits to the clinics, until such time that it is thought advisable to see the child regularly for direct therapy.

The standard of attendance by the patients is very good indeed and even during the school holidays they are very willing to continue their visits. There are the odd cases where there is complete lack of co-operation and in these circumstances it is thought advisable to discharge them to make way for more favourable cases—invariably I find the parents are the ones who are at fault and will not offer enough enthusiasm to their children and encourage them to attend and practise at home. Lately I have felt that if more Speech Therapy clinical sessions were available in Burton upon Trent, some of the severe cases could be treated more than once a week to hasten the rate of recovery, but under the present circumstances it is not advisable to offer more than one treatment per week to each patient, because of the size of the waiting list. One case is called to mind to illustrate this point ; a boy of 12 years who really needs residential Speech Therapy but who cannot be admitted to the school that deals with these cases because of his low intelligence. He is a severe case with neurological symptoms and should be having treatment as often as can be offered. Until Burton upon Trent can have a larger Speech Therapy service, the practice of seeing patients more than once a week cannot be undertaken. County cases are still referred at the rate of one or two a year and everything is done to offer help as soon as possible, but again the question arises of whether the borough children should be given priority when vacancies occur.

During the year, the number of children treated has dropped a little because more stammerers have been admitted for treatment, thus meaning that their treatment extends over a much longer period of time—more so than that of the speech defective cases, who can be

cleared in a shorter space of time. There have been a larger number of stammerers referred this year so it was advisable to admit them all immediately. The number of cleft palate cases is still surprisingly low, which is very heartening—of the two cases seen, one is a borough child who now has excellent speech and the other is a young county child who is developing very well, but who will need more operative treatment before any more regular Speech Therapy can be given. Three cerebral palsy children are attending for treatment and are proving very worth-while cases—all are attending school (including one county case) and the help received from the school staffs has been invaluable in approaching the basis for their treatment in the clinic. All these cases have been seen by specialists and the prognosis promises to be good for them. If all types of cases could have the same all-round examination and care as the cerebral palsy child, it would indeed be an ideal picture in which to treat speech defective children.

The Speech Therapist was able to attend a week's Speech Therapy refresher course at London University and also to attend a conference on Cerebral Palsy held in London, when several interesting talks were given from the welfare, educational and medical viewpoints. The refresher course and conference were of great help and at both much valuable time was spent in discussion, which opens up so many new vistas for treatment and the welfare of the speech defective child.

The department still benefits from the further purchasing of equipment and also the arrival of a tape recorder is envisaged early in 1956, which will be a very great asset. I am very grateful to all members of the School Clinic staff and school staffs for their continued help and co-operation at all times. May it be envisaged that the Speech Therapy Service will eventually be extended to help the children awaiting treatment—it would indeed be a great relief to feel that the present waiting list had been reduced.

SYLVIA H. NORTH, L.C.S.T.,

Speech Therapist.

Speech Therapy

Total Number of Cases seen	..	..	..	..	..	66
Including :—						
(1) Number of Cases receiving treatment	..				48	} 66
(2) Number of Cases interviewed	..	..			18	
Number of Stammerers	..	..	..		18	} 48
Number of Speech Defects	..	..			23	
Number of Cleft Palates	..	..	..		2	
Number of Stammerers + Speech Defects					2	
Number of Cerebral Palsies	..	..			3	
Number under observation at end of year	..	..			..	11
Number of cases discharged	..	..	..	..	..	13
Including :—						
(1) Cured	..	..	..	..	8	} 13
(2) Left District (epilepsy)	..	..	..		1	
(3) Lack of co-operation	..	..	..		1	
(4) Excellent Progress	..	..	..		1	
(5) Left School + very good progress	..				2	
Number on Waiting List at end of year	..	..	..	..	..	71
Number of County Cases treated	..	..	..	..	..	5
Number of New Cases admitted during the year	..	..			..	16
Number of Clinical Sessions held	..	..	..	..	..	128
Number of Cases referred for Specialised Treatment	..	..			..	11
Number of Males	..	..	..	..	30	} 48
Number of Females	..	..	..	..	18	
Total Number of Attendances	..	..	..	..	..	590

(h) **Infestation with Vermin.** There was a slight increase in the number of children found infested with vermin, the proportion of pupils infested being 1.34%, compared with 1.15% in 1954.

The older age groups, especially girls, are still the worst offenders.

The appropriate treatment for these children is available at the School Clinic, and they are allowed to attend school if they are accepting this treatment. A child who does not attend the School Clinic for treatment is excluded from school until certified clean.

The total number of school examinations by School Nurses was 12,217. 122 children were found to be infested with vermin, and there were only 6 exclusions.

No cleansing notices were issued during 1955, nor were any cleansing orders made.

(i) **Foot Defects.** The number of children attending the School Clinic for treatment of plantar warts is still high. 40 new cases were treated during the year.

An interesting feature is that girls were seen three times as frequently as boys, there being 30 girls and only 10 boys.

The age distribution of the cases is also of interest, there being only 3 cases under the age of 10, the remaining 37 being between 11 and 15 years old.

The results of treatment with Chlorosal were good. Some cases required only one or two applications. The average number of treatments required was 5. No cases had to be referred to the Skin Specialist.

The Head Teachers of the different schools have been requested to be on the look-out for such conditions and to urge affected children to seek treatment at the School Clinic.

As plantar warts can be both painful and very disabling, it is necessary that treatment should be established as soon as possible.

Report of the Principal School Dental Officer

The staffing position has deteriorated during the year. The Assistant Dental Officer, Mr. J. C. Brown, L.D.S., resigned on 28th May, 1955, and, although the post has been widely advertised, it has not been possible to appoint a successor. The part-time services of a private practitioner were available for two half-days each week from June until September.

Statistical Survey. It will be seen that the time devoted to routine inspections has increased, while that devoted to treatment shows a slight reduction. A programme of regular dental inspection has been put into operation during the year, but in view of the staffing problem, the offer of treatment has been in some measure restricted to those children found with teeth which were either painful, septic, or decayed beyond redemption. This policy is reflected in the figures relating to treatment, and has been reinforced by a greater proportion of acceptances of treatment. However, it cannot be stressed too greatly that this policy is not that which your School Dental Service would wish to follow, but is dictated by the force of circumstances.

Treatment. While the number of fillings in permanent teeth has remained fairly constant, the number of temporary teeth which were filled has been considerably reduced. Fillings have been restricted to those children who it is felt will derive the maximum benefit.

As could be expected from the policy adopted at routine inspections, the number of teeth, both permanent and temporary, which have been extracted, has been doubled.

It is to be hoped that in due course the emphasis can be shifted from extraction to conservation of teeth, although the process will be greatly retarded by lack of staff.

Orthodontics. There has been an increase in the number of cases treated at the School Dental Clinic and 23 appliances have been fitted during the year. The selection of cases to be treated has been governed by consideration of the type of deformity, the benefit to be derived, and the attitude of the child towards this specialised treatment.

Dentures. The very large number of 57 partial dentures has been fitted to replace missing front teeth. Many teeth were lost as the result of accidents during play, but far too many had to be removed because of advanced decay. In some cases root canal filling has been a possible line of treatment, but has been rejected because of the narrow outlook in dental matters of the children concerned. It is to be regretted that the children are frequently supported by their parents in this restricted view of dental health.

X-rays. A dental X-ray unit has been installed during the year and has been of great value.

Dental Education. Talks have been given in three schools, during the year, and to seven Parent-Teacher Associations. While these talks may not show any immediate results, it is felt that they have a definite long term value. In view of the lack of recruitment to the Dental Profession, with the subsequent reduction in the number of Dental Surgeons available a few years hence, every effort must be made to encourage everyone to become aware of the need for good dental health, and so reduce the demand for dental treatment.

This dental education, which is an important part of the School Dental Service, will be continued as far as is possible.

PETER DUFFIELD, L.D.S., B.D.S.,

Principal School Dental Officer.

4. Handicapped Pupils. The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Attending special School	At ordinary School	At no School	Total not attending special School
Blind	—	—	1	1
Partially Sighted	3	—	2	2
Deaf	6	—	1	1
Partially Deaf	4	2	—	2
Delicate	1	8	—	8
Educationally Subnormal	2	21	—	21
Epileptic	—	—	—	—
Physically Handicapped ..	4	7	1	8
Maladjusted	—	3	1	4
Speech Defect	—	48	—	48
Diabetic	—	1	—	1
	20	90	6	96

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 20 children were assessed during 1955 with the following results:—

Children examined under Section 57 (5)	..	..	—
Children examined under Section 57 (3)	..	..	2
Children examined and found E.S.N.	..	..	1
E.S.N. Children re-examined	..	..	7
Children examined and found normal	..	..	6
Children examined and found maladjusted	..	..	2
Children examined but tests not completed	..	..	2

Head Teachers are very helpful in bringing children whom they believe to be mentally retarded to the notice of the medical officers. The special class for retarded children at Wetmore Road School continues to function satisfactorily.

This class was visited during the year by medical officers who found that good progress is being made with these children.

Child Guidance Clinic. Towards the end of 1954, arrangements were concluded with Staffordshire County Council whereby children could be referred to their Child Guidance Clinic at Lichfield, and at the end of the year, 5 children had been referred to this Clinic.

5. Infectious Diseases.

Diphtheria and Diphtheria Immunisation. No cases of diphtheria were notified in the Borough during 1955. This is very satisfactory.

During 1955, 209 children completed a full course of immunisation, and 485 received a reinforcing or booster dose of diphtheria antigen.

Poliomyelitis. No cases of poliomyelitis occurred in school children during 1955.

Scarlet Fever. There were 26 cases of scarlet fever notified during 1955. No cases necessitated removal to hospital.

As previously, this disease continues to appear in a mild form and complications are rare.

Measles. 760 cases of measles were notified during 1955 as compared with 41 cases in 1954, and 82 cases during 1953.

The number of cases notified in 1955 is much larger than in previous years, but remained in a mild form.

6. Tuberculosis.

There were 3 cases of pulmonary tuberculosis notified during the year.

1 case of non-pulmonary tuberculosis was notified during 1955, the child receiving treatment in The General Hospital. A number of children are kept under observation at school.

B.C.G. Vaccination. B.C.G. Vaccination, now under the care of Dr. M. B. Paul, Chest Physician, is carried out at the Chest Clinic. Child contacts of all cases of Tuberculosis are Mantoux tested and if found negative are offered B.C.G. Vaccination.

Below is a list of the results :—

Total number of children (all ages) who attended the Chest Clinic during 1955	..	..	..	..	250
Total number of children with a positive result (Mantoux or Jelly Test)	..	..	..	..	106
Percentage with a positive result	..	..	..	..	51%
Total number of children with a negative result (Mantoux or Jelly Test)	..	..	..	..	102
Percentage with a negative result	..	..	..	..	49%
Total number successfully vaccinated during 1955	..	..	..	..	104

A slightly higher percentage of positive cases were found which is in agreement with last year, though in previous years there has usually been a preponderance of negative cases.

There has again been an increase in the number of children successfully vaccinated.

The whole process takes three months. The same procedure as laid down by the Ministry of Health has been carried out as previously.

It is too early to assess the value of the results, but statistics compiled from other countries, notably, France, Denmark, Norway, Sweden, America, and Canada over many years suggest that B.C.G. vaccination does offer resistance against naturally acquired tuberculous infection.

7. Deaths of Children of School Age.

Only one child of school age died during the year. This was caused by an accident which fractured his skull. The number of deaths amongst school children has been remarkably low of recent years, but this is the lowest ever recorded.

8. Minor Ailments.

The Authority maintains one School Clinic which is situated in a specially-adapted building at No. 32 Union Street. This building is used solely for School Medical purposes, and it also contains the Speech Therapy Clinic and one Dental Suite. Minor Ailments Clinics with a School Medical Officer in attendance are held daily, including Saturdays and those periods when schools are closed for holidays, from 9 to 10 a.m. throughout the year, at 32 Union Street. Special Immunisation Clinics are also held there when required. Special examinations of school children by School Medical Officers are carried out there, and all School Medical Records are maintained at the Clinic.

During 1955, there were 2,322 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfestation. This figure showed a decrease of 269 on the attendances for 1954.

9. Employment of School Children.

The following table shows the number of children examined and passed fit for employment.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newspaper delivery	154	15	169
Errands	5	—	5
Parcel delivery	—	—	—
Milk delivery	—	—	—
Shop and Stall Assistants ..	—	—	—
Tin greaser	—	—	—
Boat Hiring	1	—	1
Stock room boy	—	—	—
Workshop Assistant	—	—	—
	<hr/>	<hr/>	<hr/>
	160	15	175
	<hr/>	<hr/>	<hr/>

10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children	456,891
Staff and Helpers	45,467
Students	1,306
Occupation Centre for Mental Defectives	1,741
Convent Private School (from 14.11.55)	1,016
	<hr/>
Total	506,421
	<hr/>

7,839 children were supplied with milk during the year.

11. Children's Care Committee. I am indebted to Miss Evershed for the following report, and I thank the Committee for this valuable assistance.

CHILDREN'S CARE COMMITTEE

Report for the Year 1955

The Children's Care Committee was appointed by the Education Committee for work in 1955, and was constituted as follows :—

Mrs. Curzon, Miss P. M. Evershed, Mrs. J. George, Mrs. W. Harris, Miss Hurdle, Mrs. R. Lorimer, Mrs. Mcgilp, Mrs. S. H. Morris, Mrs. R. T. Piddocke and Mrs. F. G. Thompson.

The Officers elected for 1955 were :—

<i>Chairman</i>	.. ..	Mrs. Macgilp
<i>Vice-Chairman</i>	.. ..	Mrs. R. T. Piddocke
<i>Hon. Secretary and Treasurer</i>	..	Miss P. M. Evershed

Miss Hurdle was elected a Member of the Committee in January. In September, Mrs. Curzon resigned after serving for 21 years. The Committee record their appreciation of her good work, done over this long period, and their great regret that they would no longer have her help.

In November, Mrs. W. Harris resigned and the Committee record their appreciation of her good work during the 5 years she had helped them and their great regret at her resignation.

The Committee met six times during the year.

Twenty-five cases were reported to them and were dealt with as follows :—

1. Boy aged 9 years.	Sent to Special School, West Kirby,	for 3 months
2. Boy aged 11 years.	Sent to Convalescent Home, West Kirby,	for 3 months
3. Girl aged 9 years.	do. West Kirby,	for 3 months
4. Boy aged 9 years.	do. West Kirby,	for 3 months
5. Girl aged 7 years.	do. West Kirby,	for 2 months
6. Boy aged 5½ years.	do. West Kirby,	for 2 months
7. Boy aged 7½ years.	do. West Kirby,	for 2 months
8. Girl aged 6 years.	do. West Kirby	for 2 months
9. Girl aged 13 years.	do. West Kirby.	for 9 weeks
10. Girl aged 12½ years.	do. West Kirby,	for 4 months
11. Boy aged 14½ years.	do. Broadstairs,	for 1 month
12. Boy aged 11½ years.	do. West Kirby,	for 1 month
13. Girl aged 7 years.	do. West Kirby,	for 3 months
14. Girl aged 8 years.	do. West Kirby,	for 3 months
15. Boy aged 10½ years.	Recommended for Convalescent Treatment but did not wish to go.	
16. Boy aged 7 years.	Recommended for Convalescent Treatment. Parents did not wish him to go.	
17. Boy aged 9 years.	Sent to Convalescent Home, West Kirby,	for 3 months
18. Boy aged 7 years.	do. West Kirby,	for 3 months
19. Boy aged 11 years.	do. West Kirby,	for 7 weeks
20. Girl aged 6 years.	do. West Kirby,	for 3 months
21. Girl aged 8½ years.	do. West Kirby,	for 2 months
22. Boy aged 11 years.	do. West Kirby,	for 2 months
23. Girl aged 7½ years.	do. West Kirby,	for 3 months
24. Boy aged 10 years.	do. West Kirby,	for 2 months
25. Girl aged 13 years.	do. West Kirby,	for 2 months and 5 days

The thanks of the Committee are due to Dr. Robert Mitchell, Dr. Hiscock and Nurse Moore for special help to the Hon. Secretary in two cases ; to the Burton-on-Trent Voluntary Aid Association for providing the railway fare for one child ; and to the Trustees of the Burton-on-Trent Consolidated Charities.

The Trustees gave a grant of £50 ; provided maintenance at the West Kirby and Broadstairs Convalescent Homes for 22 children for 212 weeks and 5 days ; and, by a previous grant, enabled the Committee to send one child to the West Kirby Special School for 12 weeks. As the cost of maintenance, already high, increased in April, the help from the Trustees was very considerable.

The Committee record their great appreciation and thanks for their generosity.

ETHEL M. MACGILP,
Chairman.

PHYLLIS M. EVERSLED,
Hon. Secretary.

MEDICAL INSPECTION TABLES, 1955

Number of Children.

Average number of children on the roll	..	..	9,081
Average attendance	..	..	8,335

Table 1

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	..	1,049
Second Age Group	810
Third Age Group	785
Total	2,644

Number of other Periodic Inspections	1
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Grand Total	2,645
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B.—OTHER INSPECTIONS

Number of Special Inspections	816
Number of Re-Inspections	982
Total	..	..	..	..	1,798

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of individual Pupils found at Periodic Medical Inspection to Require Treatment. (Excluding Dental Diseases and Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table 11A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	4	101	103
Second Age Group ..	61	34	91
Third Age Group ..	65	22	84
Total (prescribed groups)	130	157	278
Other Periodic Inspections	—	1	1
GRAND TOTAL ..	130	158	279

Table II (a)

Defects found by Medical Inspection

Defect Code No.	DEFECT OR DISEASE						Periodic Inspections		Special Inspections	
							No. of Defects		No. of Defects	
							Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
	(1)						(2)	(3)	(4)	(5)
4	Skin	..	..	..	..	..	23	72	14	0
5	Eyes—(a) Vision	..	..	..	..	..	130	141	60	18
	(b) Squint	..	..	..	..	..	31	61	2	3
	(c) Other	..	..	..	..	..	11	15	11	2
6	Ears—(a) Hearing	..	..	..	..	..	5	22	2	3
	(b) Otitis Media	..	..	..	..	..	13	46	6	0
	(c) Other	..	..	..	..	..	4	14	13	2
7	Nose or Throat	..	..	..	..	..	29	142	5	1
8	Speech	..	..	..	..	..	8	47	14	8
9	Cervical Glands	..	..	..	..	..	3	142	0	1
10	Heart and Circulation	..	..	..	..	..	1	66	0	1
11	Lungs	..	..	..	..	..	15	103	15	5
12	Developmental—(a) Hernia	..	..	..	..	..	2	7	0	0
	(b) Other	..	..	..	..	..	1	42	3	2
13	Orthopaedic—(a) Posture	..	..	..	..	..	1	44	2	0
	(b) Flat foot	..	..	..	..	..	9	131	1	1
	(c) Other	..	..	..	..	..	15	100	7	6
14	Nervous system—(a) Epilepsy	..	..	..	..	..	7	0	0	0
	(b) Other	..	..	..	..	..	0	19	0	6
15	Psychological—(a) Development	..	..	..	..	..	0	10	0	2
	(b) Stability	..	..	..	..	..	3	91	5	4
16	Other	..	..	..	..	..	5	77	0	1

Table 2(b)

**Classification of the General Condition of Pupils Inspected
during the year in the Age Groups.**

Age Groups (1)	No. of pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2 (3)	No.	% of col. 2 (4)	No.	% of col. 2 (5)
Entrants	1049	146	14.0	878	83.7	25	2.3
Second Age Group	810	211	26.0	565	69.8	34	4.2
Third Age Group	785	228	29.1	530	67.5	27	3.4
Other Periodic Inspections	1	—	—	1	100.	—	—
TOTAL	2645	585	22.2	1974	74.6	86	3.2

Table 3.

Infestation with Vermin.

(i)	Total number of examinations in the Schools by the School Nurses or other authorized persons	12,217
(ii)	Total number of <i>individual</i> pupils found to be infested ..	122
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944) ..	—

Table 4

Treatment Table

Group 1.—Minor Ailments (excluding Uncleanliness).

						Number of Defects treated, or under treatment during the year	
						<i>By the Authority</i>	<i>Otherwise</i>
(a) SKIN—							
Ringworm—Scalp—							
(i) X-Ray Treatment						—	—
(ii) Other Treatment						—	—
Ringworm—Body						—	—
Scabies						—	—
Impetigo						28	1
Other Skin Diseases						46	10
EYE DISEASE (External and other, but exclud- ing errors of refraction, squint and cases admitted to hospital)						45	4
EAR DEFECTS Treatment for serious diseases of the ear (e.g., operative treatment in hospital) not recorded here, but in the body of the School Medical Officer's Annual Report ..						17	—
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)						111	8
TOTAL						247	23

(b) Total number of attendances at Authority's Minor Ailments Clinics	2322
(c) Total number of attendances including uncleanliness	2623

Group II.—Defective Vision and Squint (excluding Eye Disease
treated as Minor Ailments—Group I).

						No. of Defects dealt with	
						<i>By the Authority</i>	<i>Otherwise</i>
Errors of Refraction (including squint)						—	222
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)						—	2
						—	224
No. of Pupils for whom spectacles were—							
(a) Prescribed						—	109
(b) Obtained						—	92

Group III.—Treatment of Defects of Ear, Nose and Throat.

						Total number treated	
						<i>By the Authority</i>	<i>Otherwise</i>
Received Operative Treatment—							
(a)	For Diseases of the Ear	..	..	..	..	—	1
(b)	For Adenoids and Chronic Tonsilitis	..			..	—	206
(c)	For other Nose and Throat Conditions	..			..	—	2
Received other forms of Treatment						—	—
TOTAL						—	209

Group IV.—Orthopaedic and Postural Defects.

						<i>By the Authority</i>	<i>Otherwise</i>
(a)	Number treated as In-Patients in Hospitals or Hospital Schools	..	..	..	..	—	25
(b)	Number referred for treatment, e.g., in Clinics or Out-Patient Departments	..	..	..	..	—	—

Group V.—Child Guidance Treatment and Speech Therapy.

Number of Pupils Treated—							
(a)	Under Child Guidance arrangements	..			..		5
(b)	Under Speech Therapy arrangements	..			..		48

Table 5.

Dental Inspection and Treatment.

1. Number of Pupils inspected by the Authority's Dental Officers—							
(a) Periodic	..	..	..	..	..	..	6641
(b) Specials	..	..	..	..	..	..	1657
(c) TOTAL (Periodic and Specials)	..	..	..	..	..	..	<u>8298</u>
2. Number found to require treatment							
3. Number offered treatment	..	..	..	..	..	..	5244
4. Number actually treated	..	..	..	..	..	..	3579
5. Attendances made by pupils for treatment	..	..	..	..	..	..	5019
6. Half-days devoted to :							
(a) Inspection	..	..	..	..	..	..	39
(b) Treatment	..	..	..	..	..	..	494
TOTAL (a) and (b)	..	..	..	..	..	..	<u>533</u>
7. Fillings—							
Permanent Teeth	..	..	..	..	..	..	850
Temporary Teeth	..	..	..	..	..	..	85
TOTAL	..	..	..	..	..	..	<u>935</u>
8. Number of teeth filled—							
Permanent Teeth	..	..	..	..	..	..	819
Temporary Teeth	..	..	..	..	..	..	85
TOTAL	..	..	..	..	..	..	<u>904</u>
9. Extractions—							
Permanent Teeth	..	..	..	..	..	..	1528
Temporary Teeth	..	..	..	..	..	..	4691
TOTAL	..	..	..	..	..	..	<u>6219</u>
10. Administration of general anæsthetics for extraction	..	..	..	..	..	..	2032
11. Other Operations—							
(a) Permanent Teeth	..	..	..	..	..	..	741
(b) Temporary Teeth	..	..	..	..	..	..	16
TOTAL (a) and (b)	..	..	..	..	..	..	<u>757</u>

APPENDIX

PHYSICAL EDUCATION REPORT, 1955

Facilities

It is a course of some satisfaction to report the extensive programme of additions and improvements upon which this Authority has been engaged for the past ten years. This table shows the position :—

		<i>Under</i>	
	<i>Completed</i>	<i>Construction</i>	<i>Planned</i>
Playing Fields ..	24 acres	12 acres	10 acres
Gymnasia ..	2	1	1
Artificial Wickets	9	2	7
Grass Athletic Tracks	2	1	1
Tennis Courts ..	0	5	0

In place of the isolated excitement of opening a new gymnasium or playing field we have seen the fruition of a plan of continuous extension. There has been a methodical procedure to develop facilities for the whole of our school population. This expansion has not gone forward as an isolated drive for physical facilities, but alongside the Authority's Building Programme for new schools.

In spite of these additional fields, it is still necessary to use pitches belonging to the Parks Department. During each month of the past winter we hired pitches for 50 junior football games, 34 secondary football games and 28 games of rugby. Pitches on public recreation grounds were used in addition.

The sense of urgency with which this Authority has continued to tackle its playing field problems is shown by the extension at the Girls' High School. Circular 283 of December, 1954, took the brake off the purchase and development of fields for existing schools. Work actually started on this extension on 3rd March, 1955, and by tipping approximately 30,000 tons of material it is intended to double the existing playing area.

Improved facilities should have the effect of invigorating the subject, creating a greater interest in it and thereby improving the standard of attainment. This desired result rarely occurs simultaneously with the new provision because the previous standards have become accepted by the pupils. Only the teaching staff with its vision can guarantee that the new opportunities will be used and there can be no feeling of easy satisfaction until the transition is made.

If the rate of development between 1918-39 and 1945-55 are compared it must be realised that the mainspring of progress during the later period derives its power from the obligatory legislation of 1944 as opposed to the permissive legislation of the earlier period.

Work in the Primary Schools.

A general wish was expressed by teachers for a series of demonstration lessons bearing upon the publication of "Planning the Programme". Six lessons were arranged and these provided a firm basis for discussions and stimulated thought along lines of present-day teaching practice. These points came out of the discussion :—

- 1.—A lesson should preferably have a plan, based on the belief that a business-like lesson has a balance, a sense of order and that the plan does not cause the loss of freshness, vitality and spontaneity.

2. Creative work from children is desirable and opportunities for it should occur in the lessons. In this way initiative and resourcefulness can play their due part and make greater demands than the merely repetitive actions which follow prescribed activities. There must be no waiting for children to evolve creative work unaided and solid class teaching for part of the lesson is as necessary as ever to provide the known and well-practised foundations.

3. That the primary schools in the Borough welcomed the replacement of an outdated syllabus and appreciated a situation whereby teachers could "let themselves go" with confidence in their own lessons.

"Planning the Programme" gives some consideration to the claims on the Hall for assembly, drama and music, but puts the case for its full use for physical activities, to allow an uninterrupted programme when the weather is unsuitable out doors. "As far as possible the hall should not be used for activities, such as, for example, singing, for which a large space is usually unnecessary." This report is being made during January—a month which emphasises that during the period December to mid-March indoor work must be regarded as normal and work outdoors as the exception.

Primary Agility Apparatus.

The provision of this type of apparatus has continued as in previous years. Climbing is accepted as a natural ability in which progress is so rapid that teachers, especially those of long service, are amazed at the

skill and fearlessness of young children. There has been a tendency to be carried away by enthusiasm and to ask for higher apparatus. These principles might well be applied :—

- i. apparatus should be high enough for movements to be made without scraping the ground.
- ii. in the case of vertical or inclined climbing, the apparatus should be high enough to give an ordinary child a feeling of achievement.

Sufficient experience in the Borough's schools since 1948 has been gained about agility apparatus to suggest that these factors might well govern the choice of additions and replacements :—

- i. bars and ropes should be small enough in circumference to be firmly grasped by small hands.
- ii. apparatus should allow a great variety of arrangement so that activities can be varied frequently.
- iii. apparatus should be easily stored, carried and assembled by the children or should be left permanently outdoors without deteriorating.

Secondary Schools.

The first ten post-war years showed an increase in the branches of physical activities included in the syllabus—activities different in character from the traditional gymnastics but quite as exacting. This period also saw a swing from emphasis on instruction and clearly-defined goals of attainment, which have undoubtedly brought gains and opportunities to the physically-endowed pupils. The next ten years may well be a time for consolidation, marked by a greater concern with pupils of ordinary abilities, whose standard of attainment stands in danger of under-assessment. The greater needs of these pupils are adequate instruction, the necessary continuous practice together with a developing sense of achievement.

During the year, the case for the discriminating use of weight training for athletics, particularly those in the top class, has become unanswerable. Any athlete needs strength (and the resulting speed) to perform at maximum efficiency. The acceptance of this trend is also a recognition of "Circuit training" as an aid to athletics, while the advocated use of barbells enables an accurate control of the extra work demanded from a performer. Weight training cannot long be ignored by schools, but for some time the only place for its use will be with the out-of-school training of senior boys.

The initial steps towards the Duke of Edinburgh's award have just been made public. The aim is to reach standards in various fields of endeavour by boys between 15 and 18 years. Physical fitness and adventurous enterprises are two fields in which the P.E. specialist is qualified to make a contribution towards the scheme.

Tennis.

The provision of hard tennis courts has not kept place with other developments. In the case of the completed and the planned secondary modern schools the Authority included courts in the initial planning stages in vain. Their deletion from the final plans means that in spite of some hard bargaining they have been included among deferred items of construction. There is, however, some satisfaction in knowing that deferment has not precluded the levelling of the ground for courts.

Meantime, the present use of six public courts for four secondary schools can only be regarded as stop-gap facilities and show a weakness in our plans for meeting the needs of the secondary girls. Tennis, like every other sport, requires a teaching of fundamental skills together with frequent practices over a considerable number of years, in order to attain a standard. Unless a satisfying standard is reached by the end of school life, further participation as an active recreation will be followed by few young people. Our present facilities cannot be regarded as a serious contribution to the teaching of tennis.

Inter-School Games and Athletics.

It is necessary to recall that the primary purpose of a playing field is to provide pitches for the teaching of games. Out-of-school matches also have their traditionally valued place in the life and vitality of a school, but where lack of space prevents ideal pitches for both forms of play, then the needs of the whole school for regular organised games must take precedence over the needs of the selected school teams.

The Schools' Athletics Association in amalgamating with South Derbyshire has acknowledged that insufficient competition can be a handicap to progress. The results of the first combined association's team in the County Athletics Meeting was disappointing, but greater competition in order to gain places in the representative team is all to the good. During the year, the Association sought to stimulate cross-country running by holding its first inter-schools meeting.

Swimming.

In spite of a revision by the Schools Swimming Association of the advanced swimming tests, the entries and successes were so limited as to raise the question whether the test is fulfilling its main purpose—to act as an incentive. If the test is beyond the reach of the most apt swimmers in the majority of schools, then some further modification seems necessary. One school entered 13 candidates of whom 11 succeeded in gaining the Advanced Awards.

Establishment of Playing Fields.

Observations in the Borough of developing playing fields from seed have proved the need for a period of turf establishment exceeding two years, which is regarded as the normal period. Long years of being without proper playing fields may have added to our impatience.

After construction involving terracing or the large-scale movement of earth there must be many years before the lost natural drainage crevices will have time to restore themselves. Secondly, some two or three years is required before the till drainage system works efficiently.

There can be no doubt that the inconvenience of waiting for turf to become established is fully justified. This restraint will result in a better playing surface being provided over a greater period of the year, particularly during January and February. In the exceptional case of Waterside, the field was seeded in 1951, yet no winter games have been played on it. Aeration, feeding, weed control and regular mowing has proceeded according to expert advice, yet only after five years does the growth give promise of standing up to winter use.

A. H. BLAKE,

Director of Education.

J. W. PARKINSON,

Organiser of Physical Education.